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ABSTRACT

Participatory research began as a reaction to traditional social science research methodology, which tended to make persons into objects of study. It had its beginnings in Tanzania around 1970, when a group of farmers participated in research to assess and solve the problem of losses of grain harvests. The process grew out of the philosophy of Paulo Freire, which placed the locus of research with the people themselves in any situation where social transformation was the ultimate goal. It included a combination of research, education, and action. A facilitator must be with the people on an ongoing basis, have patience, and provide education in very informal ways. Documentation can occur without any written process. An illustrative case is that of a group of women in India who improved their situation through popular theater. The process was as follows: the women designed productions to initiate discussion, reworked them to portray the problem realistically, and then showed possible scenarios for correcting the problem. Another project in Appalachia shows how indigenous leaders representing a number of groups were trained to solve the problem of a low tax base associated with strip-mined land. Participatory research has been used in many ways to promote primary health care. Results are slow, however, and success may have to be redefined. (YLB)

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PARTICIPATORY RESEARCH FOR PRIMARY HEALTH CARE

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November 23, 1988

Prepared for Women's Conference

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ABSTRACT

As a reaction to the traditional social science research methodolgy which has tended to make persons into objects of study, participatory research had its beginnings in Tanzania around 1970. Participatory research is a combination of research, education and action, growing out of the philosophy of Paulo Freire, which places the locus of research with the people themselves in any situation where social transformation is the ultimate goal. While outside facilitators or experts very often play a role, the traditional steps of academic research do not apply. The emphasis is on helping the people empower themselves to develop in a way that is appropriate to their culture and values.

Participatory research is most suitable to the requirements of primary health care as described in the Alma Ata Declaration of 1978 in which it is stated that health depends on social, economic and environmental conditions that promote health and that the full participation of individuals and families in a community is required.

This paper includes illustrative case studies from India, Canada and the United States.

Participatory Research
Health
Women
Empowerment

PARTICIPATORY RESEARCH: AN IMPORTANT TOOL FOR PRIMARY HEALTH CARE
for
"Third World Women, Development and Health."
Women in Development Conference
Michigan State University
East Lansing, Michigan
by
Dr. Beverly B. Cassara
University of the District of Columbia
October, 1988

I am sure we are all grateful to the Office of Women in Development here at the Michican State University for organizing this conference on "Third World Women, Development and Health." For even though this is not a new concern, and so many persons have worked in this area, so much remains to be accomplished we need to come together to assess progress to date and to discuss even more effective means for improvement. While we know we cannot solve other people's problems for them, we cannot ignore the fact that over half the world's women are deprived of even minimal health care and must fight for life for themselves and their families without sufficient food, shelter, and clothing, without clean drinking water and with sanitary conditions which only promote disease. To ignore all this would be to admit that our own humanness has been crippled. Yet finding a way to help is not easy. That is why we are here. For instance, only the other day I read that, in Bolivia, out of every four children that are born, one or two die before the age of two years, that almost half the infantile population suffers from first degree malnutrition, and life expectancy for the rural Bolivians is actually diminishing and now stands at 43 years. What can a Bolivian mother do? She can do something and she must, but only with many kinds of support. That is why we are here, to try to

figure out how we can channel our energies and concern.

During the last few years a new concept has been developing at home and abroad, related to the idea of participation--participatory learning, participatory evaluation, participatory decision-making etc. It is a concept that has grown out of the interest of empowering the oppressed in developed and developing countries. However, it has many applications for helping persons to help themselves. I use a very participatory approach in my graduate classes to enhance student learning. Industry sometimes uses participatory decision-making to enhance worker motivation. But what I want to speak about today is participatory research as an important tool for primary health care.

When the World Health Organization held its 1978 conference in Alma-Ata, in Kazakhstan, USSR, and set forth its declaration, it effectively took the issue of health beyond the bounds of curative and preventive medicine to the concept of primary health care--the concept that health depends on sociol, economic and environmental conditions that promote health. In doing so, it placed responsibility on many sectors of society. It also recognized that individuals themselves must and should be the prime actors in their own health care. The declaraton states that "people have a right and duty to participate individually and collectively in the planning and implementation of their health care." In another place it mentions the full participation of individuals and families in a community. In still another paragraph it states that suitably trained health workers should respond to "the expressed health needs of the

community." How can this happen? How can economically deprived persons take the responsibility for their own health care? We are all only too aware of the donor-dependency mentality which has been developed out of our former efforts to help. I believe there is reason for hope. For even persons in out-lying areas in Third World countries are becoming sophisticated about how this world works nowadays. They may be illiterate, but they are not unknowledgeable; they have transistor radios and they have a notion about rights they have never had. As we have seen in many countries, this does not always lead to peaceful development, but in the case of primary health care, it is a good foundation for progress.

It is a good foundation for participatory research which can enhance community and individual health. The concept of "participatory research" needs some explanation, for the words themselves are not truly descriptive of the process. "Participatory research" is a combination of education, research, and action with the three components so intertwined that they cannot be separated or developed serially. They are all involved in the total process. That is why the name, "participatory research" is perhaps unfortunate. However, it has a history which is compelling and defies change.

In the early seventies, some social scientists working in Tanzania, became very much aware of the frustration of the people of that country who had found themselves as being the objects of a variety of research efforts -- research that ended up in reports that were filed in a number of differenct countries and agencies but which the people themselves felt did them little or no good.

They were tired of being researched by outsiders, and beginning to feel that if any research was warranted, they could do it better themselves. The presence of Paulo Freire, who happened to be in their country at that time, served as a catalyst in underscoring this decision. Freire's belief that education is political and should be used by the people to empower themselves, helped them view participatory research as a good alternative.

One of the first reported cases of participatory research in Tanzania was carried out by a group of farmers who were losing up to one-half of their grain harvests each year because of rats, mildew and insects. The farmers got together to assess the exact nature and amounts of their losses, to investigate possible storage alternatives to those they were using. They needed to find a way to create better storage inexpensively, to meet a variety of circumstances. When they had educated themselves about the true nature of their losses, and had researched various options for correcting the situation, they then called in technicians who could help them design storage that they could afford. In this way they participated in research that made a difference in their lives. They also educated themselves, finding out in the process that there was something they could do about their problem, and because they did it themselves they were motivated to take action to correct the problem in a way that was compatible with their culture and environment. The process included education, research and action. Several questions could be raised. How does this process relate to research in its academic tradition? How is new knowledge documented? What is

the role of the outside expert?

As you can imagine, the first reaction of the academic community was fairly negative. Viewed from the tradition of reseach in the university, this did not qualify as research. No one researcher was planning the whole thing; there was no advance hypothesis; documentation was questionable; methods could not be pretested or replicated; objectivity did not count, but rather commitment to the project was important; and no one could claim the results as a personal research project. However, the method of participatory research has become widely used in developing countries, especially in India, parts of Southeast Asia and in Southern Europe. It is developing now in Africa and also in South and Central America. As a method its usage varies widely from place to place and although sometimes, it may seem more like popular education, it is differentiated from popular education by the components of research and reflection, sometimes the distinction is very fine. This is not necessarily to be regretted except that when people make the effort to research alternatives and then to reflect on the possible outcomes of each, their decisions may be wiser ones, better for themselves in the long run than prescribed learning or impulsive reactions.

Let us look at another case. Even though the government of Canada has been concerned about the welfare of the Native Americans there, the Native Americans have never been particularly happy with the help the government has provided. They resent the fact that so many decisions about their lives are made in Ottawa and are completely beyond their control, and their culture. The bureaucratic administration seems to rob policies

of possible good results. In this particular case, a group of Native American women decided to take some matters into their own hands, to assess their village needs and do something about them, asking the government to put its assistance where they felt it was needed. As mentioned above, even people in outlying areas are becoming sophisticated in the ways of the our times. These women decided to do some survey research. They interviewed all the women in the village regarding their education, experience, skills, problems with health, sanitation, education, and much more.

Then they studied their findings and decided that there were several things they could do right away. Among them they had sufficient skills to start a bakery, day care facilities and a beauty parlor. Even more interesting is the fact that they took on a larger project of improving sanitary facilities in the village. They made a survey of all the toilet facilties, whether in the house or outside, where they were located in relation to wells, how they were cleaned etc. Then they divided their ideas for solutions into two parts. For those they could improve themselves, they organized village man-and-woman power. For those situations which were beyond their financial and physical means, they applied to the government for help. There were other phases to their work, such as, the inclusion of their own culture into the school curriculum and preparing hot lunches for the school children. The women did their research, documented their findings, and motivated the village to take action in their own behalf. We must stop and think what the policies of our own

government have done in creating a dependency mentality among our own Native Americans. And I am happy to say that just this last summer, I heard of a conference that Native Americans were holding on the subject of participatory reseach. Now let us analyze this case for a moment.

Suppose a social scientist from a university had gone to the village to make a study of the conditions there. Even with the most enlightened mentality, that person could not have effected such results. Even if the women put their cynicism aside and did not respond in a disinterested way, it is not likely that they would have been willing to share such personal information with a stranger as they would with their own people. Then, as a result of the study, the outsider could only present them with findings. If the outsider chose to take a next step and suggest solutions, they would still be the suggestions of the bureacracy in the minds of the villagers, who would probably find them estranged from Native American cultural values. And even if they were solutions which the population could accept, the people themselves would still be entrapped in a dependency mentality which is life-defeating.

In participatory research projects, the role of the outside animator, expert, facilitator or researcher is never twice the same. This is just as it should be because no two local situations are the same and must grow out of the needs and interests and abilities of the group of persons in question. There are, however, a few firm guidelines for the outsider who wishes to help. In the first place that person must be with the people on an on-going basis, long enough to really understand

them in all kinds of everyday situations. Only in this way can the facilitator decide whom to encourage to do what. Patience is required for leadership to emerge on various issues. People may go through some trial and error processes, believing there are some short-cuts to improvement. But they have to find out for themselves when they are wrong. Educational opportunities may need to be provided in very informal ways, until people realize how important learning is to their welfare.

What about documentation? In our Western culture, we do not believe anything unless it is written, and parenthetically, I could add that we do not believe half of what we read anymore. However, there are endless examples of cultures with oral traditions, where persons train their memories to carry the history of their people and pass it along to new generations. Therefore, we need to take a second look at documentation. Whether the results of a participatory research project become part of the oral history of a group, or whether these results are documented by being passed on to the village next door, documentation can occur without any graphic process. To be sure, written documentation occurs increasingly, not always in books, but in newletters, conference reports, even on newsprint. Additionally documentation occurs through photographs, popular theatre and video tapes.

Let us take a look at another case. This case will show how how popular theatre works and how one outside animator played her role. This case took place in India in an urban setting. Women were feeling greatly overworked by the fact that while they had become employed outside their homes, they still were required to

meet all the traditional aspects of their culture and their religion. Popular theatre was a common practice for the entertainment of the people. However, it was mostly performed by men. Nevertheless, it was the hope of the animator that local women could develop the skills to use theatre as means of improving their situation. Therefore, she went to live with in a particular area and to become acquainted and accepted by the women there. In due time, she was able to convince them that they could use theatre to improve their situation. Her next move was to train a small group of women in theatrical techniques, and at the same time teach them to become aware of whatever their own problems were and the situations that precipitated them. This small group of women then developed theatrical productions around the themes that were most meaningful to them. They did public relations work by sending messages home with school children inviting both the men and the women of the area to attend.

Their productions were specially designed to initiate dialogue among those present and that is just the way they worked it. After the production, they asked for opinions about the problem they had tried to reveal. They wanted to hear all the various opinions of the local people. Their next step was to rework the production, trying to make the presentation more true to life in accord with what they had heard. Once the problem had been satisfactorily portrayed, the group of actresses mixed with the people in their everyday lives, querying them about their ideas as to solutions for these problems. When they were satisfied that they had a good understanding of the realistic possibilities, they presented several other productions which

showed possible scenerios for correcting the problem. Again they held discussions with the members of the audience and again they tried revised scenerios. Eventually, in this way they managed to develop a true understanding among the people of how the women felt, what their needs were and some decisions were made for solving the problem. It had never previously been the custom for boys to work in the home, but in the new day with women working outside the home, it was decided that boys should share the responsibility of housework. Various cultural and religious rituals were discussed and some agreement to modify them was accepted. These are very cursory explanations of cases that were worked out over months of time. For our purposes here, it is enough to suggest that popular theater is a means of research and documentation which can serve to enhance the quality of life. The small group of women who organized the productions moved on to other locales to help women beyond their own area. This case also shows how one outside animator was able to help women help themselves.

Another question which invariably arises, concerns the size of a participatory research project. Is it possible to carry out such a project beyond the scope of a micro situation where people are more or less acquainted? And indeed it is, but it becomes a matter of training indigeneous leaders representing any number of groups. The leaders themselves would need to go through a participatory research process to assess problems and to decide on priority problems to be tackled. They would need to understand fully that they were not returning to their village or area to

tell the people what to do, but rather to begin a process of helping the people to discover sources of their problems, possible solutions, reflect on these solutions and decide on priority action. Then the leaders can come back together and develop concerted action based on the varieties of response locally. This was indeed the case in a project in Appalachia in the United States.

Much of the land in the small communities in Appalachia is essentially absentee-owned. In the late seventies, the land was being destroyed by strip-mining. The problems of unemployment and poverty were exascerbated by the poor services the low tax base could provide. When the people finally decided to take some action, a group of leaders from six states and many counties, met for a training workshop at the Highlander Education and Research Center in New Market, Tennessee. After training such as that described above, they returned to their local areas. And there they began a participatory reseach project. They needed to find out who owned the lands, how much taxes were paid and by whom, what were the underlying causes of their problems and to what extent their problems were local, regional or national in scope.

Working in diverse methodologies, local groups discovered the extent to which large corporations were under-assessed for mineral rights they obtained, and then various actions were taken to begin to correct the problem, at various levels. This was a really macro case, it involved hundreds of people in counties in six states. The facets of the case are manifold and contining. What we see in a macro situation is any number of micro projects. There is indeed no way to accomplish participatory research in

its true sense except through face-to-face communication, because while the product of the process is very important, the process whereby individuals and communities learn self-empowerment is equally important if not more so.

I have mentioned only three particular cases of participatory research. I must say the literature on participatory research is multiplying now everyday and one can find hundreds of reported cases. . There are still few actual books on the subject. We all know that the literature about the burgeoning number of various empowerment projects in Third World countries is still mostly of an emphemeral nature -- in newsletters, reports, articles, monographs and the like which are not easy to categorize or file coming as they do in so many diverse sizes and styles. So it has been with participatory research, but I must say that in this case, there is one good central clearinghouse and that is the International Council for Adult Education, located in Toronto. The International Council for Adult Education structures its work throughout the globe through networks, and the participatory research network is very strong. They have several books on the subject and a new one is in progress. The leader of the network is Rajesh Tandom from India whose influence in this field is known throughout the world.

Participatory research has been used in many ways to promote primary health care, and probably no two situations were ever the same. In some instances, we can be sure, that the persons involved did not even know either of the expressions -- that of

participatory research or primary health care -- but they did it anyway, because it is becoming ever more evident to all that the only way to sustained development is through the efforts of people themselves. Let me hasten to add that this, in no way, suggests that help is not needed. Help is needed from all the agencies that can give it, but it must be given in a very special way -- a way that leaves people themselves in charge of setting their own priorities, discovering or researching the causes of their problems and in the end taking appropriate action. And here we need to add a few caveats.

In the first place progress will be slow. In cases where people are illiterate, and/or uneducated in the ways of modern information and technological advances, we might be tempted to make decisions for the people, which might alleviate some unfortuante condition for the moment, but will not essentially change the reality of their situation. I think of the story which you have probably all heard. I believe that this is a true story, although I did not witness it personally when I was in Kenya -- of the ship that was provided for Lake Turkana in Kenya by a donor country. This ship was to be a processing and canning factory to make the fish in the lake available to the people. Alas the water level in the lake receeded and the ship was moored. The fish moved on, and the supply of electricity was so uncertain, that the project was not sustainable. Nowadays, even donor countries are paying much more attention to the participation of the people themselves in developing plans for aid projects. We see that the World Health Organization was one of the first to recognize this new concept in promoting

the importance of the individual, the group, the village as the basis for decision-making in primary health care. This really is the wave of the future. I attended a conference on Global Development not too long ago, and was amazed to hear speakers from a wide variety of agencies, including the World Bank, all invoke the concept of the people's participation. I think what remains now, is that this concept can find its way into into practice in all the corners of the world.

In closing, I must mention one more caveat. Maybe we have to redefine our definition of success. Primary health care includes improvement in socio-economic, political and cultural levels. Such a comprehensive process will take much time and probably should. In the words of one group in Brazil, this new vision of health also means ' society's capacity to respond to people's needs, through a policy that is socially fair and that will generate adequate measures for promotion, protection, preservations and recovery of health. If we are thinking about success, we could well ask whether we in the United States have yet succeeded in this.

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